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Milano, October 29, 2003

New US Application in the name of

Graziano AZZOLINI

Agent's Docket: 27075/GM/cd

Hon.

**COMMISSIONER FOR PATENTS** 

U. S. A.

Transmitted herewith are the following papers for filing a new Application:

- 1. Specification and claims; Declaration/Power of Attorney duly signed October 20, 2003 and attached thereto;
- 2. TWO Drawings on strong paper accompanying the specification (M.P.E.P. 608.02-rev. 81);
- 3. Deposit Account order for Filing Fee : \$ 466 dated October 29, 2003 (duplicate);
- 4. Deposit Account order for Assignment fee: \$ 40 dated October 29, 2003
- 5. Assignment of the Invention to: SIDAM DI AZZOLINI GRAZIANO E C. S.A.S.
- 6. Small Entity verified Statement.

The priority of the here-under listed Application(s) is respectfully claimed:

Italian Application No. MO2002A000321 filed November 6, 2002

A Certified Copy of the priority Application(s) will be sent in due course.

Please place of record in the file the enclosed papers and kindly acknowledge receipt thereof; please readily collect the credit specified in the Deposit Account order, so as to allow the Application to receive the earliest possible filing date, within:

### **NOVEMBER 6, 2003**

Respectfully submitted

Guido MODIANO (Reg. No. 19,928)

## Encls.:

- Spec./claims + Declaration/Power
- Formal drawings (TWO)
- Filing Fee Dep. Acc. order (duplicate)
- Assignment + Fee dep. Acc. order
- Small Entity verified Statement

# COMMISSIONER FOR PATENTS U.S.A.

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Transmitted herewith for filing is the Patent Application of:

**SMALL ENTITY** 

Inventor(s): Graziano AZZOLINI

For: "FLUID MIXING UNIT, PARTICULARLY FOR MIXING DIAGNOSTIC OR MEDICAL FLUIDS ALONG BIOMEDICAL LINES"

### Enclosed are:

- X Small Entity verified Statement.
- X Two drawings on strong paper (M.P.E.P. 608.02 rev. 81)
- X An Assignment of the Invention to SIDAM DI AZZOLINI GRAZIANO E C. S.A.S.

		CLAIMS	S AS FILED		
	(1)	(2)	(3)	(4)	(5)
	for	number filed	number extra	rate	basic fee \$ 385.=
	Total claims	29 - 20 =	9	x \$ 9.=	\$ 81.=
	Independent claims	1 -3=		x \$ 43.=	
	Multiple dependent claim			x \$ 145.=	
			Total filir	ng fee	\$ 466.=

xx	Please charge my Deposit Account No. 13-3860 in the amount of \$ 466 =.  A duplicate copy of this sheet is enclosed
xx	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 13-3860.  A duplicate of this sheet is enclosed.
	A check in the amount of to cover the filing fee is enclosed.
Milon	Italy.

Milan, Italy October 29, 2003

Guido MODIANO (Reg. No. 19,928)